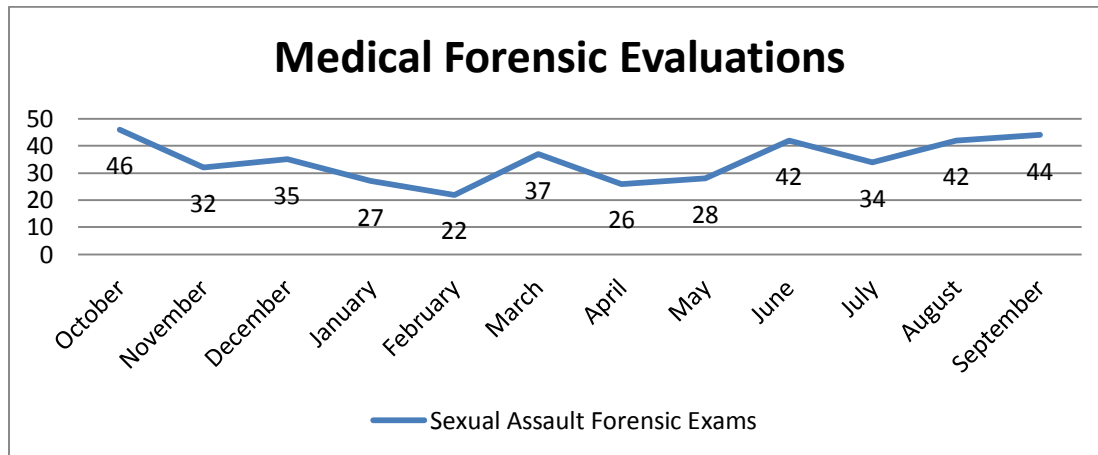




DC SANE Annual Report

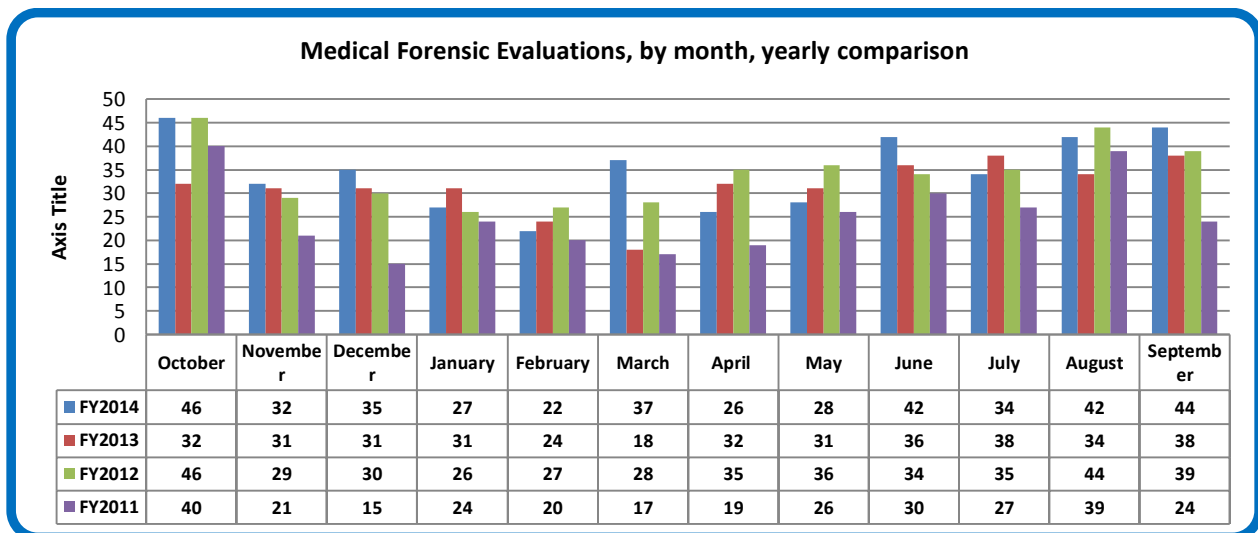
October 1, 2013 through September 30, 2014

Figure 1: DC FNE Medical Forensic Evaluations



The above chart will represent only the medical forensic evaluations performed during this Fiscal Year FY2014. In September 2014, there were 44 medical forensic evaluations performed, for a total of 415 cases during Fiscal Year 2014.

Figure 2: DC FNE Medical Forensic Evaluations, by month, year-to-year comparison



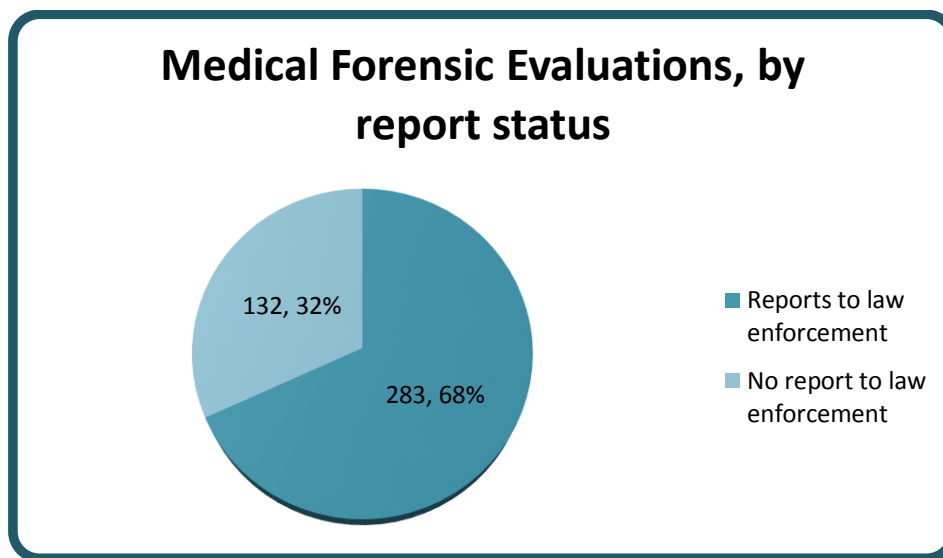
DC SANE evaluated 44 patients during the month of September 2014. That statistic is indicated by the blue bar.



During Fiscal Year 2014, DCFNE conducted 44 medical forensic evaluations in the month of September. The average number of evaluations performed in September is 36. *The number of evaluations during the month of September 2014 is 21.45% higher than the average number of evaluations for the month of September over the course of four years of data.*

During Fiscal Year 2014, DCFNE conducted 415 medical forensic evaluations. As compared to FY 2013, there is an 11.3% overall increase in the number of patients evaluated between last fiscal year and this fiscal year (373 patients evaluated in FY 2013 vs. 415 patients evaluated in FY 2014). Over the last four years of data, the average number of medical forensic exams conducted each year is 375. *The number of medical forensic evaluations performed during Fiscal Year 2014 is 11% higher than the average number of exams over the course of four years.*

Figure 3: Medical Forensic Exams, by Report Status

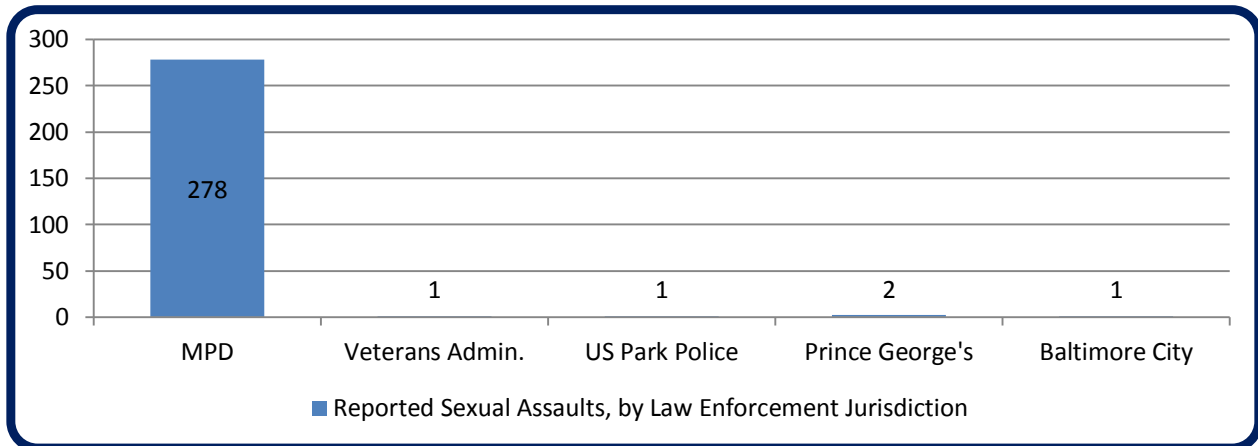


During Fiscal Year 2014, approximately 68% of DC SANE cases have been reported to law enforcement and 32% of DC SANE cases were not reported to law enforcement.

During FY2013, approximately 70% of cases were reported to law enforcement and 30% were not reported to law enforcement.



Figure 4: Reported Sexual Assaults, by Law Enforcement Jurisdiction



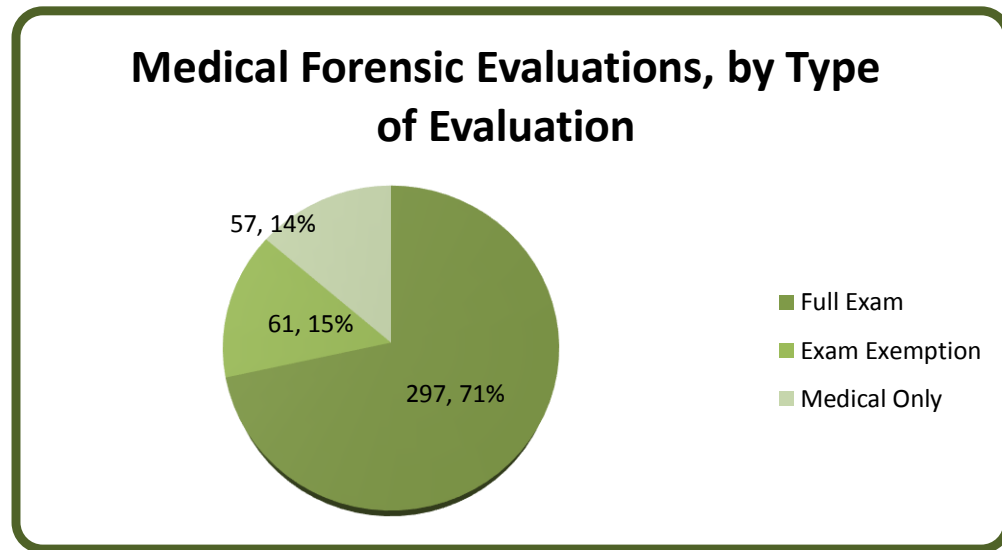
In Fiscal Year 2014, the **Metropolitan Police Department** has been the responding jurisdiction in all but five cases (<2%). Baltimore City, the United States Park Police, and the Department of Veterans Affairs each responded to one case. The Prince George’s County Police Department responded to two cases.

During FY2013, the **Metropolitan Police Department** was the responding jurisdiction for **95%** of all cases reported to law enforcement.

Figure 5: Sexual Assault Medical Forensic Evaluations, by Exemption vs. Exam

The percentage breakdown of exam exemptions vs. completed exams has remained steady since FY 2012. Approximately 20% of the DC SANE cases are exemptions, while 80% are full forensic exams. However, during the latter part of FY 2013, DCFNE began to measure the number of exams in which the patient requested only a medical examination, without evidence collection. Since the date that data collection began, there have been 2 patients who have requested only a medical examination.

Figure 6: Sexual Assault Medical Forensic Evaluations, by Drug Facilitation Determination



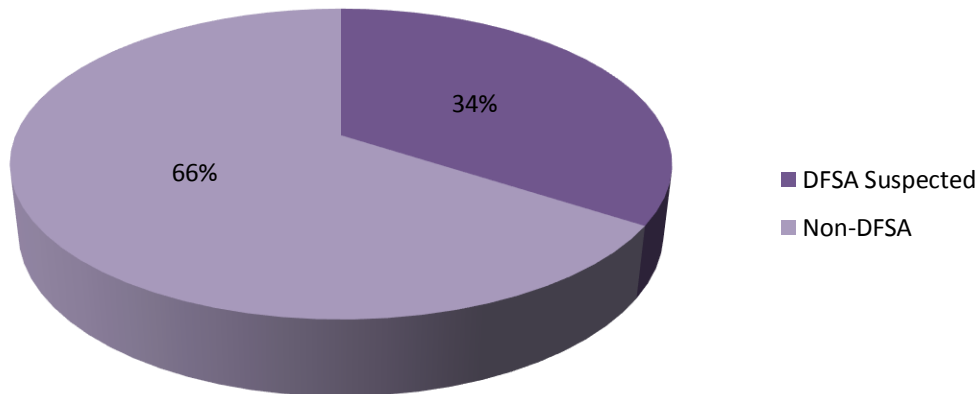
During Fiscal Year 2014, approximately 71% of all medical forensic evaluations have received the full evidence collection exam, or Physical Evidence Recovery Kit (PERK). Approximately 14% of patients received a partial, or “medical-only” medical forensic evaluation. Approximately 15% of patients were exempted from any medical forensic evaluation.

A partial, or “medical-only” medical forensic evaluation occurs when the patient tells the forensic nurse that the patient does not want full evidence collection, but prefers only a medical and/or toxicological evaluation.

An exemption from any medical forensic evaluation occurs when the patient is either unable or unwilling to consent to any evaluation and/or the nurse determines, in consultation with the patient, that a medical forensic evaluation is not necessary.

Figure 6: Sexual Assault Medical Forensic Evaluations, by Drug Facilitation Determination

Medical Forensic Evaluations, by Drug Facilitation



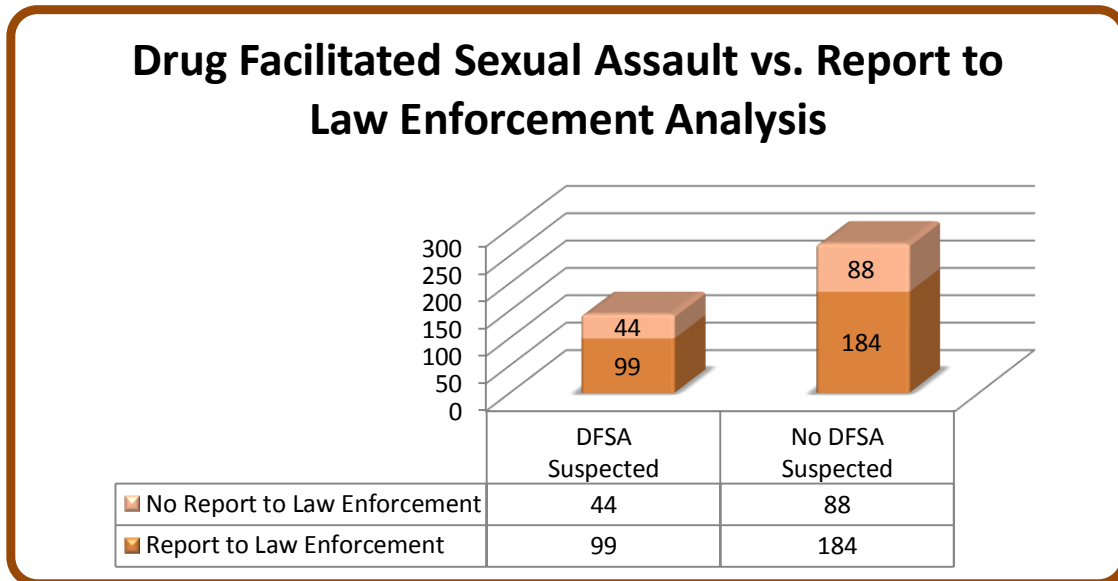
The split between DC SANE cases in which drug-facilitation is suspected and DC SANE cases that drug facilitation is not suspected is approximately 34% DFSA suspected and 66% DFSA not-suspected.

For FY 2013, the cases in which DFSA was suspected was 37% and the cases in which DFSA was not suspected was 63%.

Drug facilitation, for the purposes of the DC SANE program, is a clinical decision that is based on the forensic nurse's assessment of the probability based on four clinical factors consistent with drug facilitation: whether the patient reports any voluntary drug or alcohol consumption, whether the patient reports a lapse of memory or a lapse of consciousness, whether the patient reports nausea or vomiting, or whether the patient reports a concern for being drugged without the patient's knowledge. An affirmative answer to at least two of these factors will result in urine and blood samples drawn from the victim for toxicology screening.

The Office of Victim Services maintains the Toxicology Screening program with the Office of the Chief Medical Examiner. The program ensures that a full toxicology screening is completed for each patient who is flagged as a suspected drug facilitated sexual assault but who chooses not to report. Drug facilitated sexual assault can occur whether the victim is intoxicated voluntarily or involuntarily.

Figure 7: Drug Facilitated Sexual Assault vs. Report to Law Enforcement Analysis

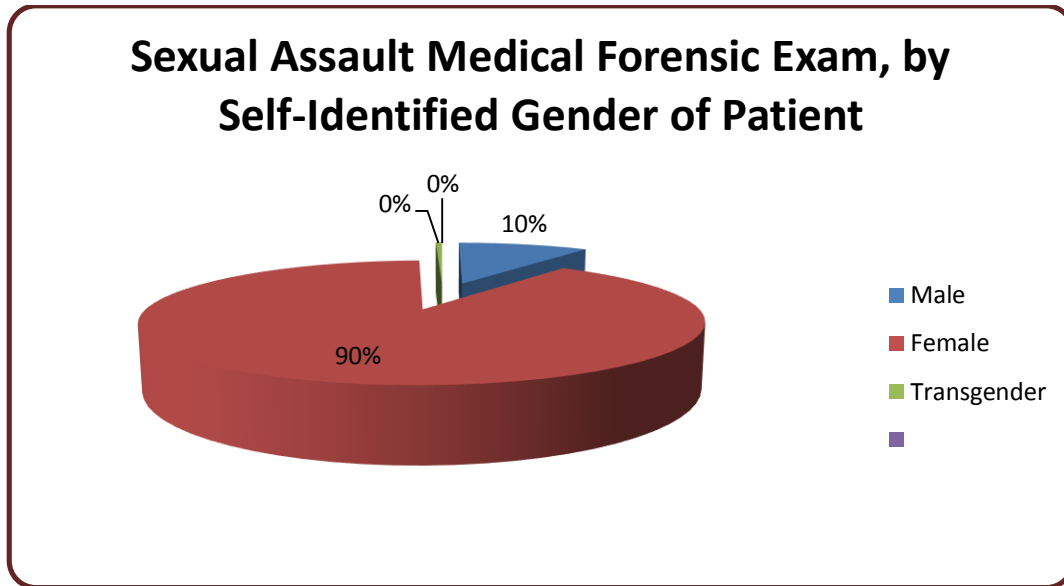


In Fiscal Year 2014, for sexual assaults in which drug facilitation is suspected, approximately 70% of cases in which DFSA was suspected was reported to law enforcement; 30% of cases in which DFSA was suspected was not reported to law enforcement. For cases in which DFSA was not suspected, approximately 68% report to law enforcement; 32% do not report to law enforcement.

During FY 2013, 40% of the patients who received a sexual assault medical forensic evaluation with DFSA suspected chose not to report to law enforcement; 60% of the patients who received a sexual assault medical forensic evaluation with DFSA suspected chose to report to law enforcement.

During FY 2012, 30% of the patients who received a sexual assault medical forensic evaluation with DFSA suspected chose not to report to law enforcement; 70% of the patients who received a sexual assault medical forensic evaluation with DFSA chose to report to law enforcement.

Figure 8: Sexual Assault Medical Forensic Evaluation, by Self-Identified Gender of Patient

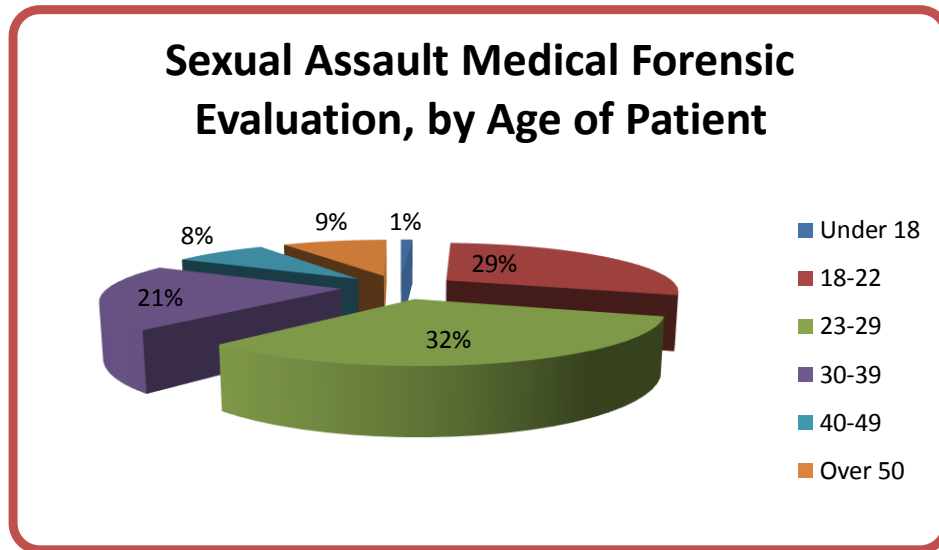


In Fiscal Year 2014, approximately 90% of the patients of the DC SANE program identified as female; approximately 9% identified as male. Two patients identified as transgender to date during Fiscal Year 2014.

In FY 2013, the overwhelming percentage (91%) of cases identifies as female, with a very small percentage of patients identifying as male or transgender.

In FY 2012, approximately 87% of all SANE cases identified as female, with the remaining 13% identifying as male or transgender.

Figure 9: Sexual Assault Medical Forensic Evaluations, by Age of Patient

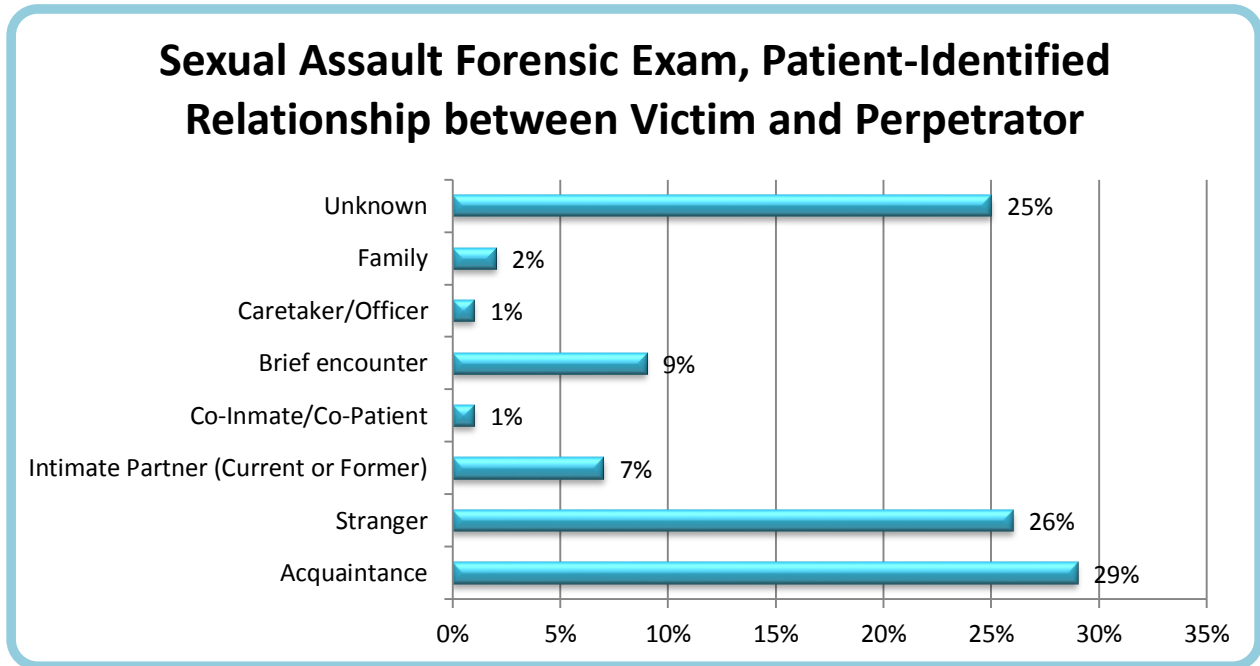


In Fiscal Year 2014, the age range of the patients evaluated by the DC SANE program has been 17-77, with the most prevalent age range being 23-29 (32%). 29% of the patients evaluated by the DC SANE program are 18-22 years old.

In Fiscal Year 2014, the DC SANE program has served 50 patients who identified as a college student, about 12% of the DC SANE population.

In FY 2013, the age range of patients evaluated by the DC SANE program was 17-100, with the most prevalent age groups being 18-22 (32%) and 23-29 (30%).

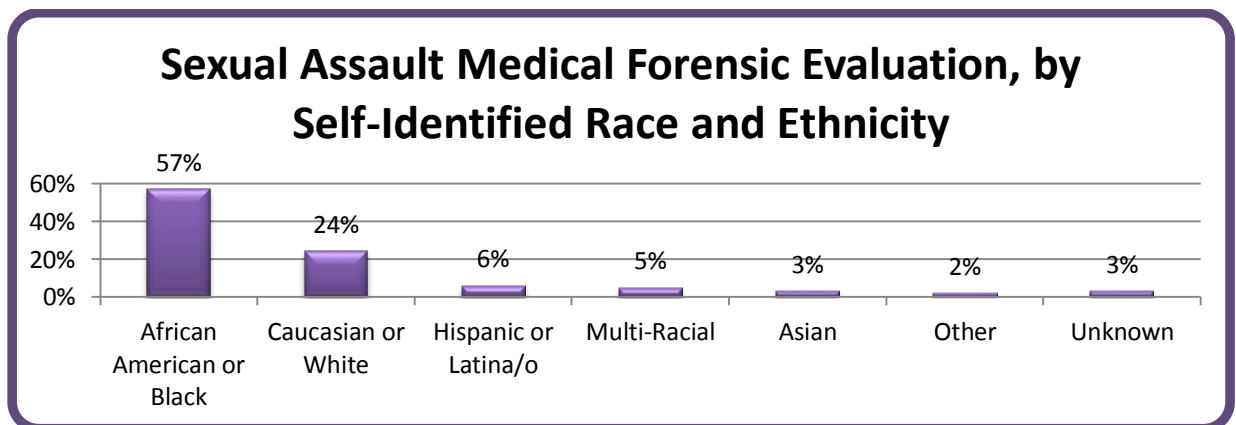
Figure 10: Sexual Assault Medical Forensic Evaluation, Patient-Identified Relationship between Victim and Perpetrator

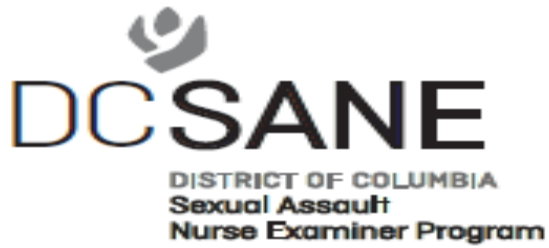


In Fiscal Year 2014, the most prevalent relationship between the patient and the offender has been “acquaintance” (29%). However, the relationship of “stranger” is close to the same prevalence at 25%.

In FY 2013, the most prevalent relationship between the patient and the offender was acquaintance (30%), which is the same as FY 2012.

Figure 11: Sexual Assault Medical Forensic Evaluation, by Self-Identified Race and Ethnicity





In Fiscal Year 2014, the most prevalent self-identified category of race and ethnicity of the patients has been African-American or Black.

In FY 2013, the most prevalent self-identified category of race and ethnicity of the patients was African-American or Black.

Figure 12: Sexual Assault Medical Forensic Evaluation, by Nurse

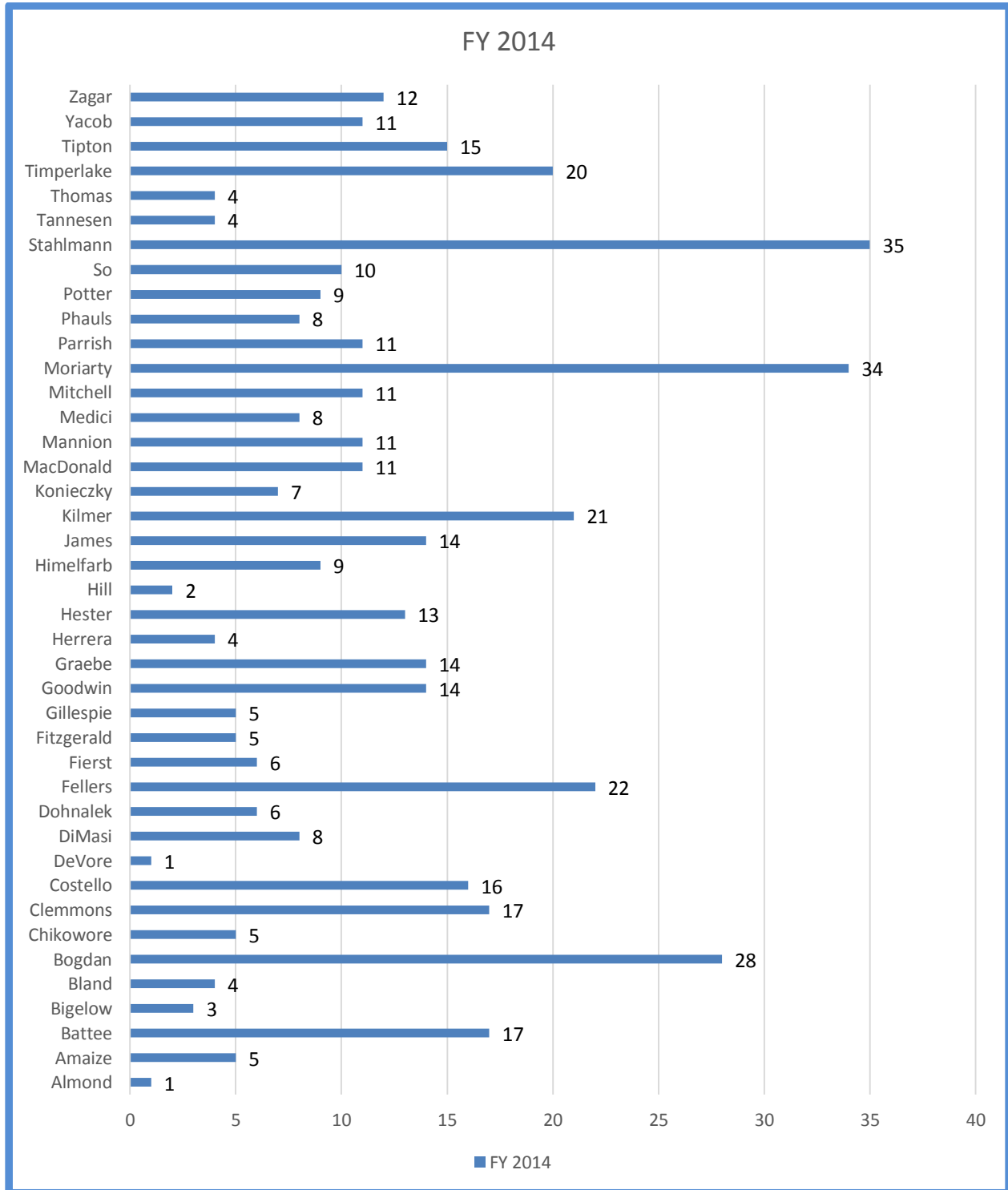


Figure 13: Sexual Assault Medical Forensic Exam, by hospital location

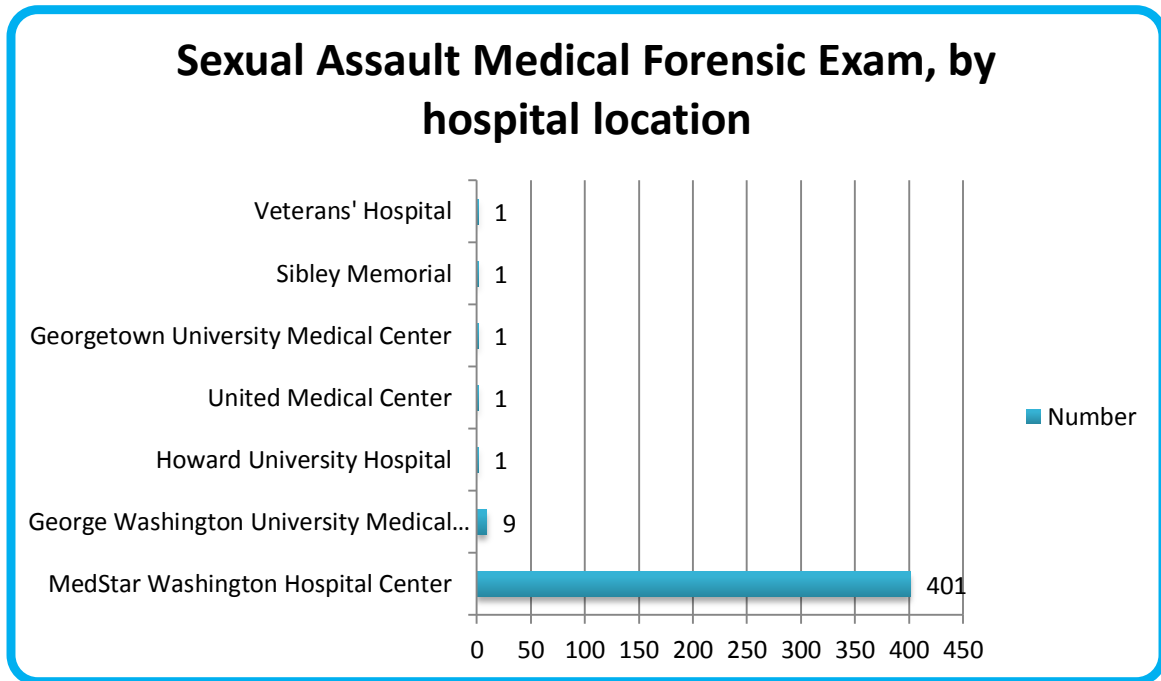
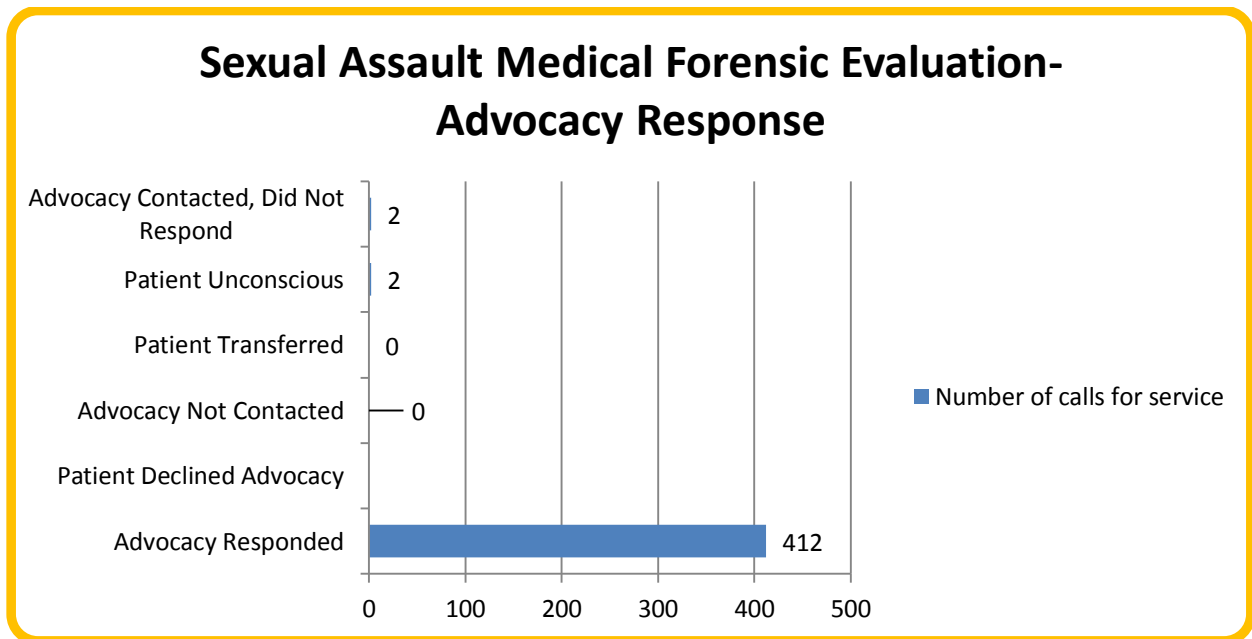


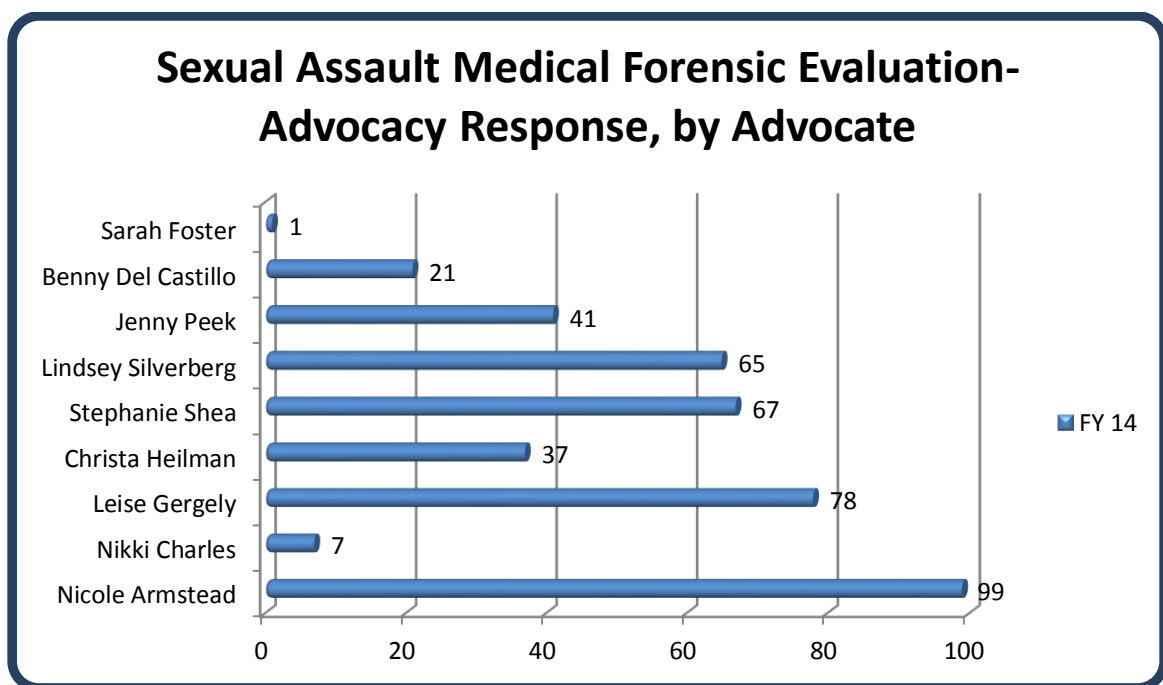
Figure 14: Sexual Assault Medical Forensic Evaluation-Advocacy Response





For Fiscal Year 2014, an advocate responded to 412 calls for service (99%). In one (1) case, the patient was exempted at the hospital after being determined to not be a DC SANE case. In two (2) cases, the patient was unconscious and unresponsive throughout the exam; advocacy was not needed. In one (1) cases, advocacy did not respond due to the patient's repeated use of the DC SANE program. When advocacy does not respond in these limited circumstances, case management is still offered to the patient.

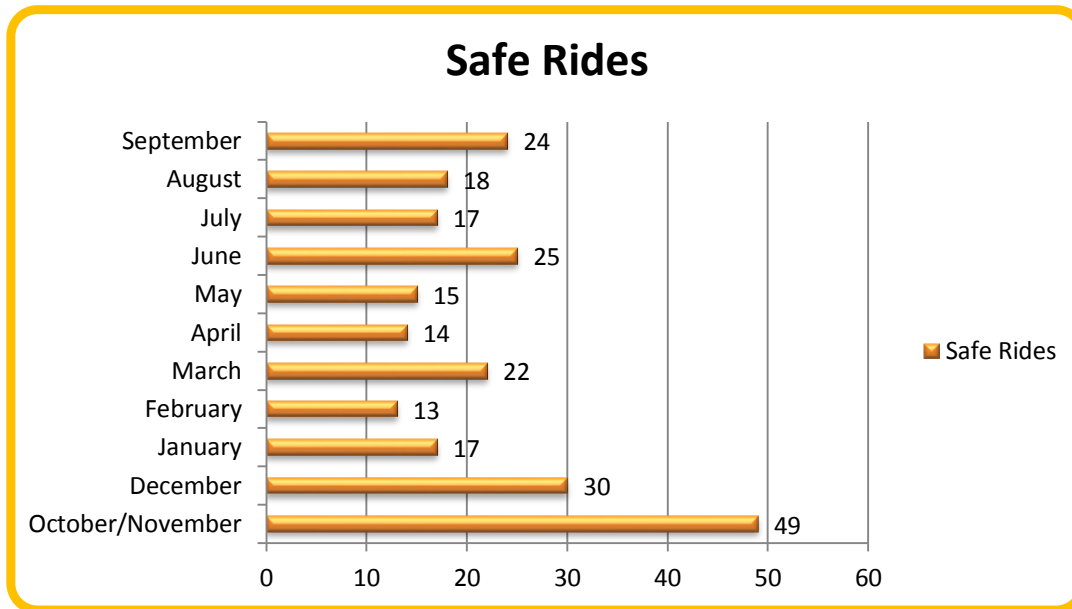
Figure 15: Sexual Assault Medical Forensic Evaluation-Advocacy Response, by Advocate



In FY14, NVRDC advocates responded to 416 calls for service.

***NOTE:** Advocate response numbers that are reported by NVRDC are calculated slightly differently than the DCFNE numbers. Therefore, the totals might be slightly different from the number of DCFNE evaluations performed. For example, if one patient comes into the hospital for an exam and is unable to have the exam due to inability to give consent, the DCFNE nurse on duty will “exempt” that patient. That will count as one DCFNE evaluation. If that same patient later becomes able to give consent, the DCFNE nurse on duty will perform the examination. That counts as a second evaluation. NVRDC provides a count of patients, or individual clients, served.

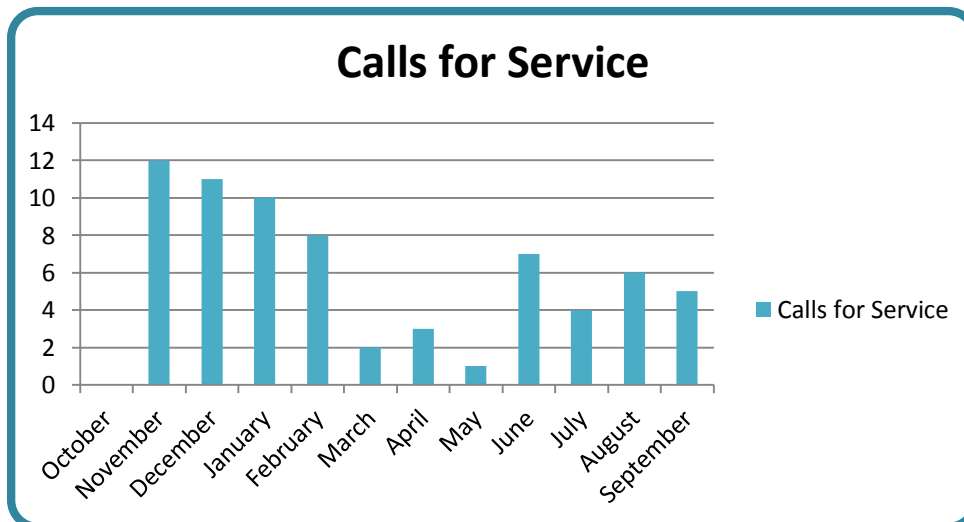
Figure 16: Safe Rides Provided



In FY 2014, the DC SANE program provided 226 safe rides.

The number of “safe rides” provided refers to the number of rides that were provided through NVRDC for a victim that needed a ride to or from MedStar Washington Hospital Center. Currently, the contract to provide “safe rides” is through UBER.

Figure 17: DC SANE Call Center

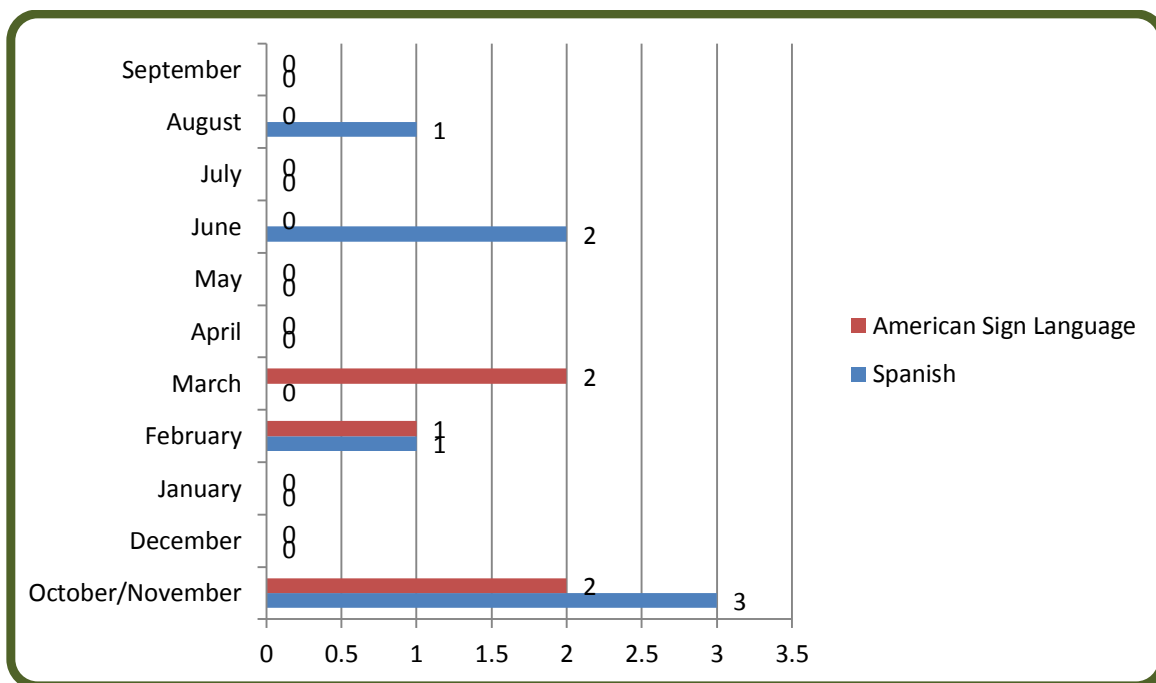




In September 2014, the DC SANE Call Center received 5 calls for service, to which NVRDC responded. Of the remaining 40 calls for service, 35 of them were received through MedSTAR and 4 were received through other means.

In Fiscal Year 2014, the DC SANE Call Center received and responded to 69 calls for service, or about 17% of the total SANE patient population.

Figure 17: Interpretation Services Utilized



In FY 2014, the DC SANE program utilized interpretation services a total of 11 times.